## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

**FILED** Jan 30 1998 8:00am Secretary of State

Principal Place of Sudines   Mailing Address	INC.										
HOLLY HILL FL 22117-1618  ### Applied For Survey	Principal Place of Business		Mailing Address					F (MUSES AND IN MUNICE SMITT (MUSE)	U1001   U1 0161L	'MYL MINIT MISTI	01911 E1611   08#
Section   Sect								fied			
Suite, Apt. 4, etc.								I		<del></del>	
City & State   27	2. Principal P	lace of Business	<u> </u>	Address				5. Certificate of Status Desired	a 🗆		
23	Suite, Apt. #, etc.		<del></del>						ng 🔲		
9. Name and Address of Current Registered Agent  9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Name and Address of New Registered Agent  12. Street Address (P.O. Box Number is Not Acceptable)  13. Street Address (P.O. Box Number is Not Acceptable)  14. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the applicament as registered diffice or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered difficult or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered difficult or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes.  15. State Address (P.O. Box Number is Not Acceptable)  16. The provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State Address (P.O. Box Number is Not Acceptable)  12. The provisions of Sections 617,0502 and 617,050	City & State							7. Is this nonprofit corporation			on?
MCKEOWN, ROBERT C. (CHUCK) 1650 CENTER STREET HOLLY HILL FL 32117  82 Street Address (P.O. Box Number is Not Acceptable)  83 Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 Zip Code  86 City FL 85 Zip Code  87 Zip Code  88 Zip Code  89 Zip Code  80 Zip C	Zip	— ·	<b></b>	3		у					
MCKEOWN, ROBERT C. (CHUCK) 1650 CENTER STREET HOLLY HILL FL 32117  82 Street Address (P.O. Sox Number is Not Acceptable)  83 Street Address (P.O. Sox Number is Not Acceptable)  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 517,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered algorit is minimize with, and accept the obligations of Sections 617,0503 floridas Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent is minimize with, and accept the obligations of Section 617,0503, Floridas Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent in minimize with, and accept the obligations of Section 617,0503, Floridas Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent in minimize with, and accept the obligations of Section 617,0503, Floridas Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered office or registered agent in the periods.  80 City - 10		9. Name and Address of Curren			1						-
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Floridas Statutes, the above-named corporation submits this statement for the pursue of changing, its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Floridas Statutes.  SIGNATURE    Interview   Inte					81	Na	me	,.			
Section of the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or hard accept the obligations of, Section 617,0503, Florida Statutes.    Signature   Section of 17,0503, Florida Statutes   Section 617,0503, Florida Stat						Str	eet Addre	ss (P.O. Box Number is Not Acce	eptable)		
The Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Sistutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE    Signature   P	HOLLY HILL FL 32117				83	-					
SIGNATURE   Signalum, spade or privided names of registered agenet and tills if applicable. (NOTE Registered Agenet signature required when reinstalaring)   DATE							-	······································			
SIGNATURE   Signalum, spade or privided names of registered agenet and tills if applicable. (NOTE Registered Agenet signature required when reinstalaring)   DATE	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered										its registered s registered
12.											
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   TITLE	SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable	, (NOTE: F	Registered Age	ent sign	ature required	when reinstating)	DATE		
NAME   MCKEOWN, CHUCK   12 NAME   1550 CENTER ST.   13 STREET ADDRESS   1550 CENTER ST.   13 STREET ADDRESS   14 CMTY-ST-ZP							• •		FFICERS AND	DIRECTO	RS IN 12
1650 CENTER ST.   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   HOLLY HILL FL	TITLE	Р		DELETE	1.1 TITLE				,	Change	☐ Addition
City-St-Zip	NAME	MCKEOWN, CHUCK			1.2 NAME						
DELETE   2.1 TITLE     Change   Addition	STREET ADDRESS	1650 CENTER ST.			1.3 STREET	ADDR	ESS				
MCKEOWN, VICK L.   22 NAME   1650 CENTER AVE.   23 STREET ADDRESS   1650 CENTER AVE.   23 STREET ADDRESS   24 CITY - ST - ZIP	CITY-ST-ZIP	HOLLY HILL FL			1.4 CITY-5	ST-ZIP	-				
STREET ADDRESS   1650 CENTER AVE.   2.3 STREET ADDRESS   2.4 CITY-ST-ZIP	TITLE	\$		DELETE	2.1 TITLE					Change	☐ Addition
CITY-ST-ZIP	NAME	MCKEOWN, VICK L.			2.2 NAME						
TITLE	STREET ADDRESS	1650 CENTER AVE.			2.3 STREET	F ADDRE	SS				i
NAME   BRYANT, BRENDA   3.2 NAME   STREET ADDRESS   603 15TH STREET   3.3 STREET ADDRESS   CITY-ST-ZIP   HOLLY HILL FL   3.4 CITY-ST-ZIP	CITY-ST-ZIP	HOLLY HILL FL			2. 4 CITY-	ST-ZIP					
STREET ADDRESS   603 15TH STREET   3.3 STREET ADDRESS   171-51-72P   171TLE   D	TITLE	T	<u> </u>	DELETE	3.1 TITLE					Change	Addition
CITY-ST-ZIP	NAME	BRYANT, BRENDA			3.2 NAME						
TITLE D DELETE 4.1 TITLE	STREET ADDRESS	603 15TH STREET			3.3 STREET	ADDRE	SS				
NAME	CITY-ST-ZIP	HOLLY HILL FL			3.4. CITY - 9	ST-ZIP					
STREET ADDRESS  1715 DERBYSHIRE ROAD  HOLLY HILL FL  14. CITY-ST-ZIP  TITLE  D	TITLE	Ď		DELETE	4.1 TITLE					Change	☐ Addition
CITY-ST-ZIP         HOLLY HILL FL         4.4 CITY-ST-ZIP           TITLE         D         DELETE         5.1 TITLE         Change         Addition           NAME         DAVID HULL         5.2 NAME         STREET ADDRESS         Addition	NAME	EVANS, STEVE			4. 2 NAME						
TITLE         D         DELETE         5.1 TITLE         Change         Addition           NAME         DAVID HULL         5.2 NAME <td< td=""><td>STREET ADDRESS</td><td>1715 DERBYSHIRE ROAD</td><td></td><td></td><td>4.3 STREET</td><td>ADDRE</td><td>SS</td><td></td><td></td><td></td><td>}</td></td<>	STREET ADDRESS	1715 DERBYSHIRE ROAD			4.3 STREET	ADDRE	SS				}
NAME         DAVID HULL         5.2 NAME           STREET ADDRESS         1608 RIVERSIDE DRIVE         5.3 STREET ADDRESS           CITY-ST-ZIP         HOLLY HILL FL         5.4 CITY-ST-ZIP           TITLE         D         DELETE         6.1 TITLE         Change         Addition           NAME         SILAS FOUNTAIN         6.2 NAME         STREET ADDRESS         1053 SOUTH NOVA ROAD         6.3 STREET ADDRESS           CITY-ST-ZIP         ORMOND BEACH FL         6.4 CITY-ST-ZIP	CITY-ST-ZIP	HOLLY HILL FL			4,4 CITY-S	T-ZIP	- 1				
STREET ADDRESS  CITY-ST-ZIP  HOLLY HILL FL  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  TITLE  D  Change Addition  Addition  6.2 NAME  STREET ADDRESS  CITY-ST-ZIP  ORMOND BEACH FL  6.4 CITY-ST-ZIP	TITLE	<del>-</del>		DELETE	5.1 TITLE					Change	Addition
CITY-ST-ZIP HOLLY HILL FL  ITILE  D  DELETE  6.1 TITLE  SILAS FOUNTAIN  6.2 NAME  STREET ADDRESS  1053 SOUTH NOVA ROAD  CITY-ST-ZIP  ORMOND BEACH FL  6.4 CITY-ST-ZIP	NAME				5.2 NAME						ļ
TITLE D GARGE Addition  NAME SILAS FOUNTAIN  STREET ADDRESS 1053 SOUTH NOVA ROAD  CITY-ST-ZIP ORMOND BEACH FL  6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP	STREET ADDRESS				5.3 STREET	ADDRE	SS				
NAME SILAS FOUNTAIN 6.2 NAME STREET ADDRESS 1053 SOUTH NOVA ROAD 6.3 STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 6.4 CITY-ST-ZIP	CITY-ST-ZIP	HOLLY HILL FL			5.4 CITY-S	T-ZIP					
STREET ADDRESS 1053 SOUTH NOVA ROAD 6.3 STREET ADDRESS ORMOND BEACH FL 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP	TITLE	<del>-</del>	I	DELETE	6.1 TITLE					□ Change	☐ Addition
CITY-ST-ZIP ORMOND BEACH FL 6.4 CITY-ST-ZIP	NAME			į	6.2 NAME		- 1				
	STREET ADDRESS				6.3 STREET	ADDRE	SS				
1/ 1 hands and that the information are study that the filling decrease of facilities and the study of the st					6.4 CITY-S	T-ZIP					

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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